

My name is Renei Stone and this is my written testimony of what occurred on 7/20/2012.

I left work to go to my medical appointment. It was an initial exam for a fibroid issue I was dealing with before my incarceration. The doctor while examining me did state she seen the fibroid. Moments later without warning I felt a sharp pinch. I yelled out and asked her what that was and all she replied was for me to hold on she almost has it. Moments later she pulled the fibroid out of me. Mind you as a health physician you are to make aware to the patient of any task you are about to perform. She neither asked me if she could remove the fibroid nor did she prepare me. She sent me on my way and said I would bleed for a little bit.

I went back to work moments later I felt leakage so I went to the rest room and saw that my sanitary napkin had been soaked with blood. At first I thought it was normal because she said I would bleed for a bit. This happened a few more times but now not only was my napkin soaked but I was draining a lot in the toilet. I started feeling weak but I wasn't in pain so I thought ok this is odd but she said I would bleed for a bit. My co workers noticed that I was looking funny. I told one of them what was going on and she told the boss who immediately sent me back to medical.

By this time there was a different doctor there. I never heard a code being called nor did I ever see a camera or lieutenant to which is a procedure during codes. He took two stirrups to open me up which was very painful. He also was look at different utensils as if none of them were the right ones. He then started shoving a lot of gauze in me to pack my uterus. When they didn't stop the bleeding he then put a lot of Monsel solution in me. This whole time I was screaming in pain and crying asking to go to the hospital. Finally they came to the conclusion to bring me to one. Considering all the blood I was losing you would think they would have called a ambulance but instead they shackled and black boxed me and put me in a van that transport inmates to different units. I was weak so doing all that and making me walk was inhumane. I bled all over myself on the way to the hospital.

Once in the ER they allowed me to change. I got in a patient bed and again bled all over they had to change me and the bed. The nurses came in and tried to examine me but she could not insert the stirrup do to me being so swollen and in pain. She then tried to insert her finger to perform the exam and again I was too swollen and too much in pain. They ended up giving me morphine. The doctor finally came along and questioned the co about why this was done at doc instead of UCONN. But proceeded to tell me that because of the situation he would have to bring me into the operating room and that he would have to perform a procedure and if he could not find the source of the bleeding his only other option is a hysterectomy. I signed off on paperwork for a blood transfusion and hysterectomy. DOC then called my family to let them know I was in a hospital and I would be in operation.

Much thanks to Lawrence & Memorial and to the doctor who was able to fix the damages that DOC caused I was returned to York. I was not allowed to call family to let them know I was ok. And when I was finally able to I still couldn't because they changed my pin code to use the phone and did not tell me. I asked to speak to lieutenants and everything and I was treated as if I were an animal. The doctor at L&M even prescribed pain meds and DOC declined them only giving me ibuprofen and when I

would wake up in pain crying I asked the nurse to call on call doctor and his response was he was under order not to call the on call doctor. I wasn't able to connect with family till over a week later.

In conclusion to just let this go would be against human policy. My human rights were broken in just about every way. Not to mention DOC knew they messed up because it was only a couple days after that the deputy wardens wanted to speak to me and captains and lieutenants all back to back. I would have never agreed for them to do such a procedure in their medical unit. I went through that nightmare alone and by myself. A nightmare that could've been prevented had the doctor followed procedure which is a patient's right to know every touch to their body, every step the doctor might want to take and, they have a right to turn it down. I as a human and patient was not given that right, and because so was deeply traumatized. And even to write this brings heart break.

I thank you for your time and do hope you take heart as you read this and place yourselves in that moment. I might have been a inmate but aren't I still a human with rights?

Renei Stone

LAWRENCE & MEMORIAL HOSPITAL
165 Montauk Avenue
New London, CT 06320

Job#:

000753887

Name: STONE, RENEI A

MR#: M0570306

Admit Date: 07/20/2012

Discharge Date:

Account #: V012391429

EPN: HNE1643390339

DOB: 01/12/1982

DISCHARGE SUMMARY REPORT

DIAGNOSIS ON ADMISSION: Postoperative bleeding after removal of cervical fibroid in York Correctional Institution.

DIAGNOSIS ON DISCHARGE: Postoperative bleeding after removal of cervical fibroid in York Correctional Institution, status post hysteroscopy for control of cervical bleeding.

HOSPITAL COURSE: At the time of presentation, the patient is a 30-year-old female, who is incarcerated in York Correctional Institution. She had a long-time history of heavy vaginal bleeding and, before being incarcerated, was worked up and found to have an intrauterine fibroid, which, by description, sounded as though it were pedunculated submucous fibroid versus cervical. The patient was scheduled to see a gynecologist as an outpatient, however got arrested after being involved in an armed robbery. While in York, she was evaluated by the physician there, who removed the fibroid. Following the removal of her cervical fibroid, the patient developed significant bleeding and was packed. Apparently, the packing failed, and Monsel solution was then attempted, which then failed. The patient was then transferred to the Lawrence and Memorial Hospital Emergency Room for evaluation. On arrival, the patient was bleeding significantly, and due to the amount of Monsel present, it was difficult to visualize the source of the bleeding. For this reason, she was taken into the operating room for examination under anesthesia and consented for a hysteroscopic evaluation, possible cauterization, and possible morcellation of submucous fibroid versus hysterectomy.

During the evaluation in the operating room, the survey of the uterus showed there to be no bleeding within the endometrial cavity itself. The cervix was then evaluated using a hysteroscope, and the bleeding was noted to be at the level of the internal os. Multiple sites of bleeding were seen between positions 3 and 9 posteriorly within the endocervical canal. After the sites were identified, a 20-French Foley catheter was placed into the cervix, and 15 mL of saline was placed in bulb. This was used to tamponade the site for approximately 5-10 minutes. The Foley was then released, and the majority of the sites was no longer bleeding. At the time of the surgery, however, approximately 500 mL of clot was removed and another 100-200 mL of blood loss noted during the evaluation process. Following the decompressing of the Foley, the bleeding was nearly stopped. One area of bleeding was noted, which was then made hemostatic by using a hysteroscopic morcellator and removing what may have been the stalk of the fibroid around the site of the bleeding, and this resolved the bleeding. Quarter-inch gauze was then placed into the cervix to further tamponade the site. This gauze was then removed the following morning, and only a minimal amount of blood was noted on the gauze. The patient was reporting no bleeding after her surgery, and none was noted the following morning.

LANCER OF MEMPHIS HOSPITAL

Pt Loc:

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Job#:

000753775

Name: STONE, RENEI A

DOB: 01/12/1982

MR#: M0570306

Date: 07/20/2012

Account #: V012391429

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EMERGENCY DEPARTMENT REPORT

CHIEF COMPLAINT: Vaginal bleeding.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old female who comes to the ER from the York Correctional Facility, where they attempted to remove a paracervical fibroid through the vaginal route, what sounds like somewhat of a LEEP procedure, in their facility at York Correctional Facility today. She initially had some bleeding, but then an hour or two after the procedure, it became quite severe. She went back to the clinic and they attempted to control the bleeding with some heavy Merocel and pressure and packing. They were able to decrease it somewhat but not resolve it, and so they sent her here for further evaluation.

She is denying any chest pain, difficulty breathing, or dizziness, but she is still having heavy vaginal bleeding, saturating over nine pads in five hours and currently wearing a diaper-like device. She complains of generalized abdominal pain and is very sensitive down into the vaginal/genital area from all of the manipulations. She is having normal bowel movements and no dysuria. She has been evaluated for some vaginal discharge in the last few days at the clinic; however, everything has been negative, and they think it is more of a bacterial vaginosis. She does not have any blood dyscrasias or bleeding disorders.

Please see the nursing documentation for past medical history, past surgical history, social history, medications, and allergies.

REVIEW OF SYSTEMS: The remainder of the ten-point review of systems was negative.

PHYSICAL EXAMINATION: On physical examination, the patient was a 30-year-old female in no acute distress, alert and oriented times three. Vital signs were stable with blood pressure of 115/57, pulse of 70, respiratory rate of 20, temperature of 37, and oxygen saturation of 98% on room air. Head: Normocephalic, atraumatic. Pupils were 3 mm and equal. Extraocular movements were intact. Oral mucosa was moist. Neck was supple. Trachea was midline. Heart: S1, S2, no added sounds. Lungs: Clear to auscultation. Abdomen: There was some mild generalized tenderness, but no rebound or guarding; she was most tender in the suprapubic area. Extremities: Free of cyanosis, clubbing, and edema. Pelvic exam: External, there was a constant trickle of bright red blood coming from the vaginal introitus; I attempted to perform a speculum examination and attempted to insert the speculum times four, however was unable to do so; the patient was complaining of severe pain, and I was unable to really advance the speculum; I did attempt a bimanual examination and felt a lot of crunchy-like, possibly dried blood, and a like of constriction, perhaps related to the recent procedure, so I did help that

procedure and did not complete that. There was quite a bit of bleeding during this. Filling up the bedpan rim times two. Although there was no arterial-like pulsatile bleeding noted.

DIAGNOSTIC STUDIES: Laboratory studies were all basically unremarkable, including pregnancy, type and screen, CBC, and metabolic panel.

COURSE/MEDICAL DECISION-MAKING: The patient was given fluids, a small dose of pain medication, and I discussed the case with the on-call gynecologist, Dr. McKnight, who came and saw the patient and agreed to take her to the OR for further visualization, and he stated that these paracervical fibroids have a lot of bleeding, especially if they are removed in an office and not under general anesthesia, so he felt that was the best course. The patient was in agreement with this. She was NPO since about 2:00 or 3:00 today and was admitted to the operating room with stable vital signs.

PROVISIONAL DIAGNOSIS: Postoperative vaginal bleeding.

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Cynthia Tucker, MD

CT:nsm

D: 07/20/2012 10:57 P

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Unauthenticated unless signed; changes
may occur after physician review.

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Emergency Department

Authenticated by Cynthia J Tucker MD on 07/22/2012 05:52:36 PM